

**White House Conference on Aging Listening Session
Chicago, IL
December 9, 2004**

Good morning. My name is Terri Worman and this is John Dinauer. We are the co-chairs of the Chicago Task Force on LGBT (lesbian, gay, bisexual and transgender) Aging. The Task Force was first convened in January 1998 and includes professionals in the field of aging services and advocacy; service providers in the LGBT community; and members of the senior LGBT community.

We are here this morning to urge the White House Conference on Aging in 2005 to include recognition of lesbian, gay, bisexual and transgender seniors as a group that requires an effective and organized plan to include its issues and needs across the aging service provider network. The future success of this generation will require a system that can maintain and facilitate a safe, secure, economic, medical, and social future.

As noted in the report *Outing Age*, published in 2001, “lesbian, gay, bisexual and transgender (LGBT) elders are among the most invisible of all Americans. Little is known about LGBT elders because of the widespread failure of governmental and academic researchers to include questions about sexual orientation or gender identity in studies of the aged. Legal and policy frameworks which have traditionally excluded LGBT people engender social and economic

consequences that deny LGBT elders access to financial resources and community support networks.”

The coming of age of the LGBT baby boomers will represent many new challenges and opportunities that need to be addressed as a priority at the next White House Conference on Aging. The LGBT baby boomer generation is the first generation to live openly with regard to their identity as Gay, Lesbian, Bisexual or Transgender and will expect to continue to do so. This means that all senior organizations will see an increasingly more visible group of LGBT seniors.

The first-of-its-kind needs assessment conducted by the Chicago Task Force on LGBT Aging estimated as many as 40,000 LGBT adults over the age of fifty-five live in the City of Chicago. And a recently released analysis of data from the 2000 U.S. Census reports that Cook County has 4,340 same-sex couples that include a partner over the age of 55. These numbers will continue to increase as our growing baby boom generation “comes of age” and begins to require, and yes, demand services for themselves and their loved ones.

The Task Force needs assessment revealed that the specific needs of the Chicago LGBT seniors are both similar to and different from the needs of heterosexual seniors. Like older people in general, LGBT seniors expressed desires for comfortable, safe and friendly retirement housing; in-home support to allow persons to age in place as long as possible; advocacy with social service and health

care professionals; access to preventative health care services; and a senior center for social and intellectual stimulation as well as a central point to access needed information and services. As in most areas of the country, LGBT seniors in the Chicago area must access traditional aging services providers for most of these needs.

Survey respondents identified a number of barriers to receiving appropriate care from both health care and social service providers that are specific to their sexual orientation and/or gender identity. Among these were the need for education among professionals regarding the extent to which unconscious or implied heterosexism is a barrier to open communication between providers and LGBT clients/patients regarding lifestyle and health issues.

All aging service providers will admit that open communication between themselves and the seniors who come through their doors is paramount to providing the most accurate assessment of their clients. A document as important as the case management assessment tool reveals the initial information that will become the basis for much of the decisions made about these seniors. Yet, throughout this country, most agencies have no language that allows self-identity for LGBT seniors that would help to eliminate faulty assumptions about relationships, financial situations, health care needs and other essential service needs.

Findings suggested that health and service professionals often fail to recognize or acknowledge the significance of primary relationships that are like spousal relationships in a legal heterosexual marriage, and that networks of friends often function as extended family to LGBT seniors. In the process, too many older LGBT adults are finding the medical profession will defer to primary biological family members to make decisions on their behalf should they become incapacitated.

Several Task Force members attended the 2004 Joint Conference of the American Society on Aging and the National Council on the Aging in San Francisco. We were extremely excited to hear about the many partnerships that are growing across the country between Area Agencies on Aging, senior centers and LGBT seniors and their advocates.

We are pleased to report that our recent efforts to reach out to traditional aging services providers in our area offering our LGBT aging issues sensitivity training program has been received very well. Aging network management are requesting training for their case managers and in-home workers, as well as for senior volunteers working in their facilities. We recommend that the White House Conference on Aging include training on understanding and serving LGBT seniors as an integral part of any elder-specific cultural competency training.

On behalf of the members of the Chicago Task Force on LGBT Aging and the agencies we represent – and more importantly, the present and future LGBT seniors living in Chicago – we want to strongly urge you to include LGBT Seniors both as participants at the next White House Conference on Aging in 2005 and as a constituent body that requires an effective and organized plan to include its issues and needs across the aging service provider network.

And again, thank you for allowing us to speak here today.